

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 6 1950

State File No. 3953

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 42 | | PRIMARY REG. DIST. NO. 1000 | | Registrar's No. 232 | |
| 1. PLACE OF DEATH a. COUNTY Buchanan | | | | 2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before death) a. STATE Missouri b. COUNTY Buchanan | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph, Mo. | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | | | |
| c. LENGTH OF STAY (In this place) 1 year | | | | d. STREET ADDRESS (If rural, give location) Eighth and Faraon Sts. | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) Clarence | | b. (Middle) E. | | c. (Last) Merrill | |
| 4. DATE OF DEATH | | Feb-22-1950 | | | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed | | 8. DATE OF BIRTH 9-30-1888 | |
| 9. AGE (In years last birthday) 61 yrs | | 10. IF UNDER 1 YEAR Months Days | | 11. IF UNDER 1 HRS. Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook | | | | 10b. KIND OF BUSINESS OR INDUSTRY Res. Restaurant | | 11. BIRTHPLACE (State or foreign country) Kansas | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | | | |
| 13a. FATHER'S NAME Herbert Merrill | | 13b. MOTHER'S MAIDEN NAME Augusta Schiller | | 14. NAME OF HUSBAND OR WIFE | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) NO | | 16. SOCIAL SECURITY NO. don't know | | 17. INFORMANT'S SIGNATURE OR NAME Anita Loubey DeKalb, Missouri | | ADDRESS | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) XXXXX DUE TO (c) XXXXX II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. XXXXXX | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | | | INTERVAL BETWEEN ONSET AND DEATH 5 days | | | |
| 19a. DATE OF OPERATION XXX | | 19b. MAJOR FINDINGS OF OPERATION XXXX | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph, Buchanan, Missouri | | | |
| 21d. TIME OF INJURY XXXXXX | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? XXXXXX | | | |
| 22. I hereby certify that I attended the deceased from Feb-22-1950 to Feb-22-1950, that I last saw the deceased alive on Feb-22, 1950, and that death occurred at 10:55 P.M., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Arthur W. Dyer | | | | 23b. ADDRESS The Tootle Bldg., St. Joseph, Mo. | | 23c. DATE SIGNED Feb 24- | |
| 24a. BURIAL, CREMATION, REMOVAL Removal | | 24b. DATE 2/23/50 | | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park | | 24d. LOCATION (City, town, or county) (State) Kansas City Kansas | |
| DATE REC'D BY LOCAL REG. Mr. 2, 1950 | | REGISTRAR'S SIGNATURE E. C. Jenkins | | 382 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sawin-Douglass Atchison, Kansas | |

(Licensed Embalmer's Statement on Reverse Side)

By H. W. Dyer

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 4320

P. O. Address Atchison, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.